

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91791 016 \*\*\*\*61.25

**DOCUMENT # N96000001938**

1. Entity Name

**THE ISLAND CLUB OF VERO BEACH HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

VISTA PROPERTIES MGMT. INC  
 100 VISTA ROYALE BLVD  
 VERO BEACH FL 32962  
 US

VISTA PROPERTIES MGMT. INC  
 100 VISTA ROYALE BLVD  
 VERO BEACH FL 32962  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0699294**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

80119234



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WITHEROW, DENNIS**  
**C/O VISTA PROPERTIES MGMT**  
**100 VISTA ROYALE BLVD**  
**VERO BEACH FL 32962**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WITHEROW, DENNIS	
STREET ADDRESS	1233 W ISLAND CLUB SQ	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PELPHREY, LINDA	
STREET ADDRESS	1233 W ISLAND CLUB SQ	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CUPP, CHRISTIN	
STREET ADDRESS	1233 W ISLAND CLUB SQ	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRY, TOM	
STREET ADDRESS	1233 W ISLAND CLUB SQ	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kevin M. Heberling, Property Manager* 5-1-02 361-9031

CR2E037 (9/01)